



Administration of Medicines Policy

2022-2023

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Contents Page

Section 1 –

- Policy Statement
- Policy Aims
- Roles and responsibilities
- Non-prescribed Medication
- Missed Dose
- Spillages
- Medication procedures
- Timings
- Controlled Drugs
- Storage of Medication Foundation Stage
- Storage of Medication Key Stage 1
- Medication on School Visits
- Emergency Treatment
- Complaints

Section 2 – Appendices

- Form 1 (STR) Staff Training Record
- Form 2 (PA) Parental Administration
- Form 3 (PC) Parental Consent
- Form 4 (IHP) Individual Healthcare Plan Form
- Form 5 Record of Medicines
- Form 6 (CD) Controlled Drug Record
- Form 7.1 (EV) Educational Visits Log
- Form 7.2 (EV) Educational Visits Record
- Form 8 (ME) Medical Emergency
- Form 9 (SP) Spillages of medicines

Section 1 – Policy Statement

The Administration of Medicine in School

The school is committed to ensure that all children have access to all educational experiences and none are excluded due to their medical needs. All children are welcome and accepted, they feel loved and as a result achieve.

The Governing Body is committed to safeguarding and promoting the welfare of children and expects all staff, volunteers and visitors to share this commitment. It must be noted that **“medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so”**
DFE Publication: Supporting Pupils at School with Medical Conditions. April 2014
The school will not administer to children any medicines that have not been prescribed by a GP or consultant. All medicines MUST be in the original packaging with the pharmacist’s label attached stating the GP / Consultants prescribing instructions. The school will only administer the dose prescribed by the GP/Consultant in accordance with the instructions on the pharmacist’s label. All the necessary paperwork must be completed by the parent before school will accept any medication into school.

DfE Document- Supporting pupils at school with medical conditions. December 2016

Parents of children with medical conditions are often concerned that their child’s health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children’s health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child’s medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children’s educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil’s medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to

limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

Policy aims:

- To ensure the safe administration/supervision of medication to children where necessary to help support attendance.
- To ensure the on-going care and support of children with long term medical needs via a health care plan or an emergency treatment plan.
- To explain the roles and responsibilities of school staff in relation to medication.
- To clarify the roles and responsibilities of parents in supporting the school adhere to the policy.
- To outline to parents and staff the safe procedure for medication storage. -To outline the safe procedure for managing medicines on school visits.

Roles and Responsibilities:

It is important to us that we establish how important collaborative working arrangements are between all those involved in the administration of medicines .This policy establishes how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Governing bodies:

- To make arrangements to support pupils with medical conditions in school.
- To ensure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- To ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- To ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- To ensure that their school's policy is developed and effectively implemented with partners.
- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice and that each party understands their role in its implementation.
- To ensure that all staff that need to know are aware of the child's condition.
- To ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

- To ensure that staff receive appropriate training and support. This will be recorded on **FORM 1 (STR)** which will be kept in their personnel file or within the Single Central Record.
- All individual healthcare plans are uploaded onto our Medical Tracker.
- Via the use of Medical Tracker, to monitor any issues and trends of incidents around school.
- To ensure that this policy is revised annually.

Staff

- To follow the procedures outlined in this policy using the appropriate forms.
- To be fully aware of health care plans written by relevant health care professionals for children with complex or long term medical needs.
- To share medical information where necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To complete any training relevant to the administration of medicines in school.
- To complete the relevant paperwork as outlined in this policy when administering medicines.
- To ensure that parents are informed, via Medical Tracker, of any incidents where medical treatment has been needed. Where parents do not have an email to print out the medical form to ensure that parents are kept informed.
- To take all reasonable precautions to ensure the safe administration of medicines.
- To contact parents with any concerns or refused dose of medication without delay.

Parents/Carers

- To give the school adequate information about their children's medical needs prior to starting school or as they arise.
- To ensure medication is in date and labelled with the appropriate pharmacist dispensing label containing GP's dosage instructions.
- Ensure inhalers are in date and have sufficient medication left in them.
- To notify the school of any changes to the medication/dose. This must be supported by either a letter from G.P or medication labelled with new dosage instructions.
- To follow the schools procedures for bringing medication into school.
- To take any long term medication (e.g. inhalers) home at the end of each academic year.
- To keep the child off school if they are acutely unwell or have a contagious condition. (Recommendations from the Health Protection Agency are used by school)
- To ensure that school has the most up to date email so that incidents can be emailed to parents, via Medical Tracker.

Non-prescribed Medication

The school will not be able to store or give medication that has not been prescribed by a GP or consultant for a child. This will include medication given under the minor ailment scheme and medication bought over the counter. This is because the medication will not have a dispensing label on the container providing all the relevant information required.

Missed Dose

If a child refuses a dose of medication, the child will not be forced to take the dose. The parent/carer will be contacted that day. The missed dose and parental comments will be recorded in the 'missed dose section' of the appropriate form **FORM 3 (PC)**.

Spillages

Any spillages (including broken / dropped tablets) will be recorded and parents will be informed.

This will be recorded on **FORM 9 (SP)**

Medication Procedures

The school expects medication to be given at home. Where medication is not specifically prescribed to be given during school hours, school would ask that parents or an adult authorised by the parent, come into school to give their child the medication.

This will be recorded on FORM 2 (PA)

Short term medication should only be brought into school if it is detrimental to the child's health not to have the medication during the school day. In the case of antibiotics, only those prescribed FOUR times per day will be given at school.

It will be recorded on FORM 3 (PC)

The school will not accept medication that has been taken out of the container as originally dispensed, nor make changes to the prescribed dose.

Medicines should always be provided in the original container as dispensed by the pharmacist and should include the prescriber's instructions for administration.

In all cases this should include:

Name of the Child

Name of Medication

Dose

Time/Frequency of Administration

Confirmation that the medication has been taken for a period of 24 hours at home with no side effects prior to being brought into school.

Expiry date (This is on the medication. Eye drops must be discarded 28 days after opening. Antibiotics that have been reconstituted by pharmacist before dispensing will often have a short shelf life of between 7 and 14 days) The parent/carer must present the medication to the school. It must never be sent with the child. Where possible the school will support the children to self-administer medication.

Prior written consent must be given by the parents/carers for any medication to be given to a child.

This will be recorded on FORM 3 (PC)

Where there are long term medical needs for a child, an Individual Health Care Plan or emergency treatment plan should be completed by relevant Health Care Professionals in consultation with the child's parent / carer. This will be recorded on the relevant Care Plan as provided by Health Care professionals.

FORM 4 (1HP) outlines examples of information found in an individual Child's Health Care Plan.

Long term medication will be recorded on **FORM 3 (PC)**.

The child should have had at least the first 24 hours of any new medication at home before it is brought into school.

The parent/carer will be responsible for collecting the medication at frequent intervals in order to review expiry dates and quantity of remaining medication. Any medication that is no longer required must be returned to the pharmacy by the parent/carer for destruction.

Timings

Medication will be given at approximately 11.30am – 12:30 across all year groups. If a medication has to be given at a critical time outside the above hours this will need to be supported by a letter from G.P/ consultant. The above times will be timetabled in school. There will be two members of staff present at all times when any medication is administered. Staff will not be interrupted or approached to perform other duties whilst administering medication.

Controlled Drugs

Some medication prescribed for children is controlled under the Misuse of Drugs Act. These can be given to children in accordance with the prescriber's instructions. The school will keep the controlled drugs in a non-portable container which will be kept locked. Only named staff will have access to the controlled drug container. The Headteacher must be aware of any controlled drug on the school premises. Controlled drugs must be stored in the original packaging with a pharmacist's label attached stating GP/Consultant's dosage instructions. The school requests that large quantities of controlled drugs are not kept at school.

Controlled drug administration will be recorded on FORM 6 (CD)

Storage of Medication – Foundation Stage

Medication will be stored in accordance with the product instructions. Inhalers/ Epipens for Foundation Stage will be kept in a safe place in the classroom so staff can access them readily if children require them. They will however, be kept out of the reach of children for safety unless directed by a medical professional.

Medication needing refrigeration will be stored in the medical fridge in the SENCO room in a lockable medicine fridge. There will be a form next to the medication to complete when the medication has been administered. **FORM 5.**

Storage of Medication – Key Stage 1 / 2

For Key Stage 1 and 2 children the inhalers/Epipens will be kept in the classrooms as it is easily accessible for the lunch hall and school yard. However for individual needs epipens/inhalers/insulin will be kept on the child wherever they go, for example taking them to church, on the playground, into assembly or into other learning environments.

The cupboard in the classroom will be out of the reach of children but will not be locked in case access is needed in an emergency.

Any medication requiring refrigeration will be stored in the SENCO room in the lockable medicine fridge.

Children will be informed where their medication is kept.

Medication on School Visits

Medication needed by children will be taken on school educational visits.

The child will be informed where their medication is kept and who to ask if they require it.

Any children requiring medication on a school visit will be recorded on a log prior to leaving.

This will be recorded on Form 7.1 (EV) Educational Visits: Log of children needing medication.

A copy of any relevant health care plan will also be taken on the visit.

Any medication given on a school educational visit will be recorded on FORM 7.2 (EV) Educational Visits: Record of Medicines administered to all children.

Emergency Treatment

The school will call for urgent assistance if there is a medical emergency and **FORM 8 (ME)** will be used to support staff in calling for assistance.

Copies of Form 8 (ME) are displayed next to telephones in school. Any medical information school holds for a child (e.g. details of medication administered, care plans etc) will be given to the emergency services.

Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school Complaints Policy.

This policy will be reviewed annually.

Section 2- Appendices

FORM 1 (STR) Staff Training Record

Staff Training Record- Administrations of Medicines	
Name of school/setting	Rossington St Michael's C of E Primary School
Name	
Type of Training received	
Date of Training Completed	
Training provided by	
Profession and Title	
<p>I confirm that the member of staff named above has received the training and is competent to carry out any necessary treatment covered in this training.</p> <p>Signed:</p> <p>I recommend that this training is updated (please state how often)</p> <p>I confirm that I have received the training detailed above.</p>	
Staff Signature	
Date	
Suggested Review Date	

FORM 2 (PA) Parental Administration of Medicine during school hours

This consent is only for the following dates --/--/----
 To --/--/---- inclusive.

I will personally ensure that the medication is labelled in accordance with the school medicine policy and that the product is in date.

Signed:

Date:

Relationship to the child:
 (Parent/Legal Guardian)

Date	Child's name and class	Medication, strength and dose	Signed by person giving medication	Initialled by staff members to say they have witnessed the dose.	

FORM 3 (PC) Parental Consent and record of Medicine administered to an individual child (Page 1 and 2)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date of medicine	
Dosage and method	
Please detail how many days the medicine is to be administered. Include dates to and from	
Time medicine to be administered. Please state if before or after food, if applicable	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Signature(s) _____ Date: _____

Heads Signature: _____ Date: _____

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

(Form 2 of 2)

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

C: Record of medicine administered to an individual child (Continued)

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Missed Dose:

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

INDIVIDUAL HEALTHCARE PLAN

FORM 4 (1HP)

Name of school/setting
 Child's name
 Group/class/form
 Date of birth
 Child's address
 Medical diagnosis or condition
 Date
 Review date

Family Contact Information

Name
 Phone no. (work)
 (home)
 (mobile)
 Name
 Relationship to child
 Phone no. (work)
 (home)
 (mobile)

Clinic/Hospital Contact

Name
 Phone no.

G.P.

Name
 Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

(Form 3 of 3)

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

Date			
Time given			
Dose given			
Name of medicine			
Name of member of staff			
Staff initials			
Any reaction witnessed			

C: Record of medicine administered to an individual child (Continued)

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

Missed Dose:

Date
 Time given
 Dose given
 Name of medicine
 Name of member of staff
 Staff initials
 Any reaction witnessed

RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

FORM 5

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

FORM 6 (CD) Controlled Drug Record

Name of Child: D.O.B: Class:

Date and Time	Medication In	Medication out	Running Balance	Initials of staff members.	

Dose refused:	Name of Parent contacted:	Time:
Date:		
	Parent comment:	

FORM 7.1 (EV) Educational Visits: Log of children needing medication

Educational Visit:

Date:

Year Group/Class:

Child's Name	Medication	Dose	Time	Medicine Packed

Verified by (SLT):
Signature:

FORM 7.2 (EV) EDUCATIONAL VISITS

Record of medicines administered to all children

Name of School: Rossington St-Michael's CE Primary School

Date	Child's name	Time	Name of Medicine	Dose Given	Any reactions	Signatures of staff	Staff Names
/ /							
/ /							
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/ /							
/ /							
/ /							
/ /							

Date:	Name of Parent contacted:	Time:
Child's Name:		

FORM 8 (ME) MEDICAL EMERGENCY- CONTACTING THE EMERGENCY SERVICES

Request for an ambulance.

Dial 999, ask for an ambulance and be ready with the following information.

1. Your telephone number	01302 868284
2. Give your location	Sheepbridge Lane Rossington Doncaster
3. State the postcode	DN11 0EZ
4. Give exact location in the school	
5. Give your name	
6. Give name of child and a brief description of the child's symptoms	
7. Inform ambulance control of the best entrance and state that the crew will be met and taken to the child.	

Speak clearly and slowly and be ready to repeat information if asked.

Keep a completed copy of this form by the telephone.

FORM 9 (SP) SPILLAGES OF MEDICINES

Name of Child	
Class	
Date	
Medication	
Amount Spilled	
Parent/Carer informed	
Staff Name	
Staff Signature	
Staff Name	
Staff Signature	

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone